



APPLICATION FOR DEVELOPMENT REVIEW

DR #:

P.O. BOX 3610
#1911 HISTORIC ROUTE 66
EDGEWOOD, NM 87015
PHONE: 505-286-4518
FAX: 505-286-4519

INSTRUCTIONS

In accordance with Section 7, Edgewood Zoning Ordinance, no building or structure shall be erected nor mobile home installed within the Town without being reviewed by the Zoning Office.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT

APPLICANT INFORMATION

Landowner Name: _____

Address: _____ **City:** _____ **St:** _____

Phone: _____

Address of Property: _____

Assessor Parcel ID: _____ **Zoning:** _____

Description of Proposed Development:

Total Square Footage including porches: _____

PRIME CONTRACTOR INFORMATION: BUSINESS/OWNER NAME:

CONTACT PERSON:

PHONE:

ADDRESS:

CITY:

STATE:

☐ **Three sets of construction plans**

☐ **One site plan**

☐ **State Building Permit State Permit for Liquid Waste System**

☐ **Water Service Company:** _____

☐ **Hydrant location:** _____

I hereby acknowledge that I have read this application and information submitted herein and state that it is correct. I agree to comply with all ordinances and laws regulating construction in the Town of Edgewood and agree to comply fully with the 1997 Uniform Fire Code as interpreted by the Santa Fe County Fire Marshall.

Applicant Signature: Check one: ☐ **Owner** ☐ **Contractor** ☐ **Other**

X:

PRINT NAME:

DO NOT WRITE BELOW THIS LINE

DATE: _____ **INITIALS:** _____

GRADING & ACCESS FEES: _____

IMPACT FEES ASSESSED: _____

DEVELOPMENT REVIEW FEES: _____

AMOUNT RECEIVED: _____